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Request	Application Number	09/954,621
for	Filing Date	September 17, 2001
Continued Examination (RCE) Transmittal	First Named Inventor	Jerry G. Hodsdon
Address to: Mail Stop RCE	Art Unit	1772
Commissioner for Patents P.O. Box 1450	Examiner Name	Nasser Ahmad
Alexandria, VA 22313-1450	Attorney Docket Numbe	67134-5040
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1980, not any design application. See instruction Sheet for RCEs (not be submitted to the USPTO) on page 2.		
 Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(e) entered, applicant must request non-entry of such amendment(s). 		
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.		
Consider the arguments in the Appeal Brief or Reply Brief previously filed on Other		
b. Finclosed		
I. ✓ Amendment/Repty iii. Information Disclosure Statement (IDS)		
ii. Affidavit(s)/ Declaration(s) iv. Other Petition for Extension of Time		
2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of		
The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 10-0440 I have enclosed a duplicate copy of this sheet.		
i. RCE fee required under 37 CFR 1.17(e)		
ii. 🗸 Extension of time fee (37 CFR 1,136 and 1.17)		
iii. Other Any additional fees		
b. Check in the amount of \$enclosed		
c. Payment by credit card (Form PTO-2008 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit		
card information and authorization on PTO-2038.	NT. ATTORNEY, OR AGENT F	EOUIDED
Signature A. Mach	NI, AITORNEY, OR AGENT F	
Name (Print/Type) Douglas N. Larson		gistration No. 29,401
CERTIFICATE OF MAILING OR TRANSMISSION		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22315-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.		
Signature [Electronically Filed]		
Name (Print/Type) Robert Fiore This collection of information is required by 37 CFR 1.114. The informati		March 30, 2007

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 32 USF. 1.22 and 57 CFR 1.11 and 1.14. This concluction is estimated to state 12 minutes to complete, the amount of time by un require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chef Information Officer, U.S. Pattent and Trademark Office, U.S. Department of Commerce, P.O. 80x 4450, Alexandric V.A. 2231-4460. DONT SEND FEES DO COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: MAIL \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: MAIL \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. SEND TO: MAIL \$100 PCP. COMPLETED FORMS TO THIS ADDRESS. TO THIS ADDRESS. THE TO THIS ADDRESS. THE